Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110002946813)))



H110002946813ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	>

MOECTONED

GERETARY OF STATE
CLAHASSEE, FLORUM

Foreign Limited Liability Company NEPTUNE-BENSON, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

11 DEC 16 PM 3: 28
SECRETARY OF STATE

G. MCLEOD

EXAMINER

12/16/2011

COVER LETTER

Registration Section

Name of Limited Liability Company The enclosed "Application by Poreign Limited Liability Company for Authorization to Transact Business in Florida," Certific Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in F Please return all correspondence concerning this matter to the following: Bleanor Coleman Name of Person c/o Goulston & Storrs Pirm/Company 400 Atlantic Avenue Address Boston, MA 02110 City/State and Zip Code cuoleman@goulstonstorts.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Bleanor Coleman Name of Person Area Code & Daytime Telephone Number	UBJECT: _	Neptune-Benson, I							
Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in F Please return all correspondence concerning this matter to the following: Eleanor Coleman Name of Person c/o Goulston & Storts Firm/Company 400 Atlantic Avenue Address Boston, MA 02110 City/State and Zip Code cuoleman@goulstonstorts.com E-mail address: (to be used for future annual report notification) for further information concerning this matter, please call: Eleanor Coleman at (617) 574-4115	•		Name	of Limited Liability Co	отпрвоу				
Eleanor Coleman Name of Person c/o Goulston & Storrs Firm/Company 400 Atlantic Avenue Address Boston, MA 02110 City/State and Zip Code cuoleman@goulstonstorrs.com E-mail address: (to be used for future annual report notification) for further information concerning this matter, please call: Bleanor Coleman at (617) 574-4115	he enclosed " xistence, and	Application by Foreig check are submitted t	o register the abov	ty Company for Author ve referenced foreign li	rization to Tra mited liability	nsact Busi company	nsss in Florid to transact bu	la," Certifi stiness in l	cate of Florida
Name of Person c/o Goulston & Storrs Firm/Company 400 Atlantic Avenue Address Boston, MA 02110 City/State and Zip Code cuoleman@goulstonatorrs.com E-mail address: (to be used for future annual report notification) for further information concerning this matter, please call: Bleanor Coleman at 617 574-4115	lease return a	Il correspondence con	cerning this matte	r to the following:			•	,	÷
Pinn/Company 400 Atlantic Avenue Address Boston, MA 02110 City/State and Zip Code cucleman@goulstonatorts.com E-mail address: (to be used for future annual report cotification) for further information concerning this matter, please call: Bleanor Coleman at (617) 574-4115		Eleanor Coleman			•	•	•	· :·	
Pinn/Company 400 Atlantic Avenue Address Boston, MA 02110 City/State and Zip Code cuoleman@goulstonatorts.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: Bleanor Coleman at (617) 574-4115				Name of Person	· · · · · · · · · · · · · · · · · · ·			- ,	
Pinn/Company 400 Atlantic Avenue Address Boston, MA 02110 City/State and Zip Code cuoleman@goulstonators.com E-mail address: (to be used for future annual report notification) for further information concerning this matter, please call: Bleanor Coleman at (617) 574-4115	•	c/o Goulston & Sto	TT3					. •	•
Boston, MA 02110 City/State and Zip Code cupleman@goulstonators.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: Bleanor Coleman at (617) 574-4115			······································	Pirm/Company	·		• • •	• .	
Address Boston, MA 02110 City/State and Zip Code cucleman@goulstonatorrs.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: Bleanor Coleman at (617) 574-4115	•		·			•	•		
Boston, MA 02110 City/State and Zip Code cuoleman@goulatonatorrs.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: Bleanor Coleman at (617) 574-4115		400 Atlantic Avenu	<i>a</i> ,	A ddrann	···-	,		-	
City/State and Zip Code cuolernan@goulstonatorrs.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: Bleanor Coleman at (617) 574-4115	•			Audioss		٠.		٠	
E-mail address: (to be used for finure annual report notification) or further information concerning this matter, please call: Bleanor Coleman at (617) 574-4115	• •	Boston, MA 02110					٠.,		· .
E-mail address; (to be used for fiture annual report notification) or further information concerning this matter, please call: Bleanor Coleman at (617) 574-4115			C	City/State and Zip Code	. .			•	•
or further information concerning this matter, please call: Bleanor Coleman at (617) 574-4115	•	ccoloman@goulston	atorrs.com			•			
Bleanor Coleman at (617) 574-4115		· E-n	nail address: (to be	e used for future annua	report cottic	cation)		-	
Bleanor Coleman at (617) 574-4115 Name of Person Area Code & Daytime Telephone Number	r further info	rmation concerning th	is matter, please c	ell:		. •			
Name of Person Area Code & Daytime Telephone Number	Olanan	r Coloman		617	574-Á115	τ .			
	. Altimot		orson	Area Code & Daytim			-		
MAILING ADDRESS: STREET ADDRESS:	MAIL			-			•	•	
Division of Corporations Division of Corporations	Divisio	n of Corporations	· D	ivision of Corporations	,				
Registration Section Registration Section P.O. Box 6327 Cliffon Building					•			ē	
Tallahassee, PL 32314 2661 Executive Center Circle Tallahassee, FL 32301	Teilaha	ssee, PL 32314	26	io I Executive Center C			,		
nclosed is a check for the following amount:	ninced is a	cheak for the falla	wing amount				٠.		
S125.00 Filing Fee Status Status Status Status S155.00 Filing Fee & S160.00 Filing Fee, Certificate Copy		Filing Fee \$130	0.00 Filing Fee &						•

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Naptune-Bonson, LLC (Name of Foreign Littlied Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC." (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") 3. Not applicable (Jurisdiction under the law of which foreign limited liability bompany is organized) (FEI number, if applicable) July 7, 2011 perpetual (Duration: Year limited liability company will cease to exist or "perpetual") Date of Organization) (Deto first transacted publices in Florida, If prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine panalty liability) 6 Jefferson Drive, Coventry, RI 02816. (Street Address of Principal Office) If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: The manager le: Barry M. Gartz, 6 Jefferson Drive, Coventry, R1 02816 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a funder language, a translation of the certificate under each of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: manufacturing pool filters and accessories, and all other lawful activities Signature of a member or all supported representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the possition of projury that the facts stated herein are true. I am sware that may false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.). NB Intermediate Holdings, LLC, by Timothy Mack

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

Neptune-Benso	ı, LLC	
If unavailable	, the alternate to be used in the state of Florida is:	
•		
2 The name	and the Florida street address of the registered agent and office are:	
z. the name.	and the Frontia street authress of the registered agent and office are:	
	C T Corporation System	
	C T Corporation System (Name)	_
		_
	(Name)	<u>-</u>
	(Name) 1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)	-
	(Name) 1200 South Pine Island Road	-

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

CT Corporation System

C T Corporation System Vice President

(Signature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEPTUNE-BENSON, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF DECEMBER, A.D. 2011.

AND I DO REREBY FURTHER CERTIFY THAT THE ANNUAL TAXES BAVE NOT BEEN ASSESSED TO DATE.